



JUVENILE REHABILITATION ADMINISTRATION (JRA)  
**POLICY FEEDBACK**

**TO:**

JRA POLICY COMMITTEE CHAIR

ADDRESS

**FROM:**

ADDRESS

FAX NUMBER

WORK  
TELEPHONE  
NUMBER

FAX NUMBER

What policy/policy subject are you identifying as needing review?

POLICY NAME/SUBJECT	POLICY NUMBER (IF ANY)
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What problems have you encountered relative to this policy/policy subject?

What is your suggested response to this problem?

Will this response have an impact on any job class other than your own?  Yes  No

If yes, which one?

What, if any, are the fiscal impacts of this suggestion?

Additional comments.